

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**Certified Funeral Director Type 5 Application
for the
Commonwealth of Massachusetts
Division of Professional Licensure
Board of Embalming & Funeral Directing**

The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming and Funeral Directing has authorized Professional Credential Services (PCS) to process its Certified Funeral Director Type 5 applications. **Certified Funeral Director Type 5 Applicants must submit all required information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming & Funeral Directing is the final authority with respect to approval.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll free: (877) 887-9727

Email: mafd@pcshq.com

PCS staff is available Monday through Friday, 8:00 am to 4:30 pm central time.

CERTIFIED FUNERAL DIRECTOR TYPE 5 APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *Certified Funeral Director Type 5 Application* and *Acknowledgement Postcards*. All candidates must complete the Type 5 application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Certified Funeral Director Type 5 Application* including a 2x2 passport type photo and any supporting documentation.
- b. A copy of a current Embalmer and Registered (unlicensed) Funeral Directors license.
- c. An affidavit completed by employer.
- d. Total payment of \$222. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. Fees are non-refundable and non-transferable.

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please retain copies of all paperwork submitted.

Please be advised that a Type 5 licensee cannot use their name in any advertising.

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address:
Professional Credential Services, Inc.
Attn: MA FD Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA FD Coordinator
150 4th Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (615) 880-4275

Certified Funeral Director Type 5 Application

A. Biographical Information.

Provide your full name date of birth, social security number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a social security number. Your SSN will be used to ascertain whether you are in compliance with the tax laws of the Commonwealth.

"Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth".

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth Social Security Number*

Are you a citizen of the United States? ☐ Yes ☐ No

Have you previously filed an application? ☐ Yes ☐ No

Current EM License #: _____

License Expiration Date: _____

Current FD License #: _____

License Expiration Date: _____

Please attach
a recent
2" x 2"
photograph
here

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

Business Name, Mailing Address and Contact Information (MANDATORY)

Business Name

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

B. License Verification.

Answer this section completely.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

		YES	NO
C. Disciplinary Questions. Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.	1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
	4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
	5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
	"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."		
D. Affidavit.	I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.		
	<div> <div>Signature of Applicant</div> <div>Date</div> </div>		
E. Employer Information.	I certify that _____ is currently employed full time by <div>Name of Applicant</div>		
	_____, and will be working as a Certified <div>Name of Funeral Home / Corporation</div>		
	Funeral Director at the following locations: _____ _____ _____		
	<u>I hereby certify that his/her name will not be used in any advertising.</u>		
	Signature of Owner/CEO of Funeral Home _____ Name of Funeral Home _____ Date of Application _____		

PAYMENT INFORMATION SHEET

Fees and Payment:

License Type 5: \$222.00

Payment must be either a certified check or money order, (personal checks are not allowed) payable to PCS, or by credit card. If paying by credit card, complete the authorization section to the right of these directions. **Fees are non-refundable and non-transferable.**

Credit Card Payment Information: (if NOT submitting a certified check or money order)

Type of Credit Card: _____ Visa _____ MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Cardholder's Name: _____

Cardholder's Signature: _____

Candidate Affidavit

I understand that fees are non-refundable and non-transferable.

Applicant's Signature

Date

Return Application to the following address:

Postal Address:
Professional Credential Services, Inc.
Attn: MA FD Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA FD Coordinator
150 Fourth Avenue North, Suite 800
Nashville, TN 37219